



SPINAL COURIER

The spinal cord disability information source for Arkansans since 1989

Vol. 11 No. 4 July 1999

• www.state.ar.us/ascc

Changes in Arkansas Disabled Parking Laws — Violators Beware!

Your dad borrows your van with the disabled license plates to go to the grocery store. He does not have a disability, but since he is in your van, he parks in a disabled parking space. Under new disabled parking laws, he may come out to find the van towed or impounded, or he may be cited for a Class A misdemeanor, punishable by up to a year in jail and fines up to \$1,000. If Dad were in his own car and decided he would "just be a minute" and parked illegally in disabled parking he may also come out to find his car towed or impounded and face a minimum \$100 fine!

Arkansas disabled parking laws are changing on July 30, 1999—as

directed by Act 1503, sponsored by Representative **Ted Thomas** of Little Rock and Senator **David Bisbee** of Rogers. Thanks to them, our disabled parking laws now have some teeth, so violators beware—it could get expensive to misuse disabled parking in our state.

Act 1503 amends the state's 1985 disabled parking laws in five ways:

Fines - The penalty for first time offenders illegally parked in a properly marked disabled parking space increases to \$100 to \$500 (up from \$25 to \$100). Subsequent offenses carry fines of \$250 to \$500.

Towing - Under the new law, vehicles parked illegally in disabled parking may be towed and impounded, which will lead to fees and court costs in addition to the fines.

Exemption - Previous legislation allowed property owners to request that disabled parking not be enforced on their lots. They may no longer receive an exemption; all properly marked disabled parking space violations, no matter where the location, will be enforced.

Fraud and Misuse - Helping a nondisabled person get a disabled
Continued on page 7 - see "New Disabled Parking Laws"

1999 Miniconference Update

On June 18, 1999, the Arkansas Spinal Cord Commission (ASCC) hosted the first of two regional miniconferences scheduled for this year. The miniconference in Jonesboro attracted over 75 attendees, the largest audience ever for one of our regional conferences. The day was packed with informative sessions and plenty of good food and fun. ASCC would like to thank all of the participants, speaker, and sponsors for making the event in Jonesboro such a huge success.

ASCC is in the process of planning the agenda for the second regional miniconference tentatively scheduled for September in Fayetteville, Arkansas. The Fayetteville miniconference will offer topics similar



John M. Allen, M.D., Arkansas Urology Clinic, presented "Spinal Cord Injury and the Urological and Reproductive Systems" at the Jonesboro miniconference on Friday, June 18, 1999.

to those offered in Jonesboro such as urological issues, spasticity and pain management. Exhibitors will be on site to demonstrate products and answer questions about their products and services. In addition to the excellent educational opportunities, there will also be time to meet old friends and make new ones.

All ASCC clients and health care providers in the Fayetteville region will receive brochures and registration forms providing full details about the miniconference. For further details about the Fayetteville miniconference or to add your name to the mailing list, contact **Kristie Soto** at **800-459-1517** or **501-296-1792**.

SPINAL COURIER

Published quarterly by
Arkansas Spinal Cord Commission

Cheryl L. Vines
Executive Director

Thomas L. Farley
Dee Ledbetter
Co-Editors

Commission Members:
Deanna VanHook, Chair
Sheila Galbraith Bronfman
James Miller
Russell Patton
Sandra Turner

The Arkansas Spinal Cord Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Visit our website at:
www.state.ar.us/ascc
or e-mail us at:
ARKSCC@AOL.com

With Thanks

ASCC accepts tax deductible donations. The generosity of the many individuals and families who over the years have made memorial donations is greatly appreciated. Contributions are used to assist our clients through purchases of equipment and educational resources.

If you would like to make a contribution, please contact the Commission at **501-296-1788 / 800-459-1517 / TDD 501-296-1794**, or send your donation to:

**AR Spinal Cord Commission
1501 N. University, Suite 470
Little Rock, AR 72207**

Donations this quarter from:

**Luther Carter
Deanna VanHook**

SPINAL COURIER Letters

Questions • Suggestions • Directions • Answers

New Accessible Bus System in West Memphis

Dear Editor:

The City of West Memphis has announced the beginning of a new city bus service. The buses have several routes, including an express to Memphis twice daily, and are accessible, equipped with a lift and have mandatory tie-downs for

wheelchair users. All buses are cleaned daily and fully air conditioned. With a MATA ID card, prices are at the nominal cost of 55¢. Contact the MATA Hotline at **901-274-6282** for additional information. Schedules can be picked up at the ASCC office in West Memphis.

*Sharon McCoy
ASCC Case Manager
West Memphis, AR*

From The Director

It seems everywhere I look these days, I find articles or situations regarding the disincentives or barriers that keep folks with disabilities from returning to work. I was on vacation earlier this month, opened a newspaper and read about an old friend of mine in California, **Jenny Weast**, who lives with quadriplegia and teaches math at a local high school. She's a great teacher and she loves her job, but it appears she may have to quit. She has been receiving personal care services through Medicaid to help her get up and ready for work in the morning. Without the help she can't work, but even with her teacher's salary, she can't pay for the personal care services without Medicaid. Her Medicaid is about to end. So, she may end up unemployed—back on Medicaid with personal care. Talk about disincentives!

Jenny's situation has come to the attention of the head of the Social Security Administration and the White House and they are trying to figure out a way to make the system work for her. If they do, it will help thousands of other folks in her same situation. Social Security is changing daily, it seems, to try to address these problems. Beginning July 1, 1999, Social Security Disability (SSDI) recipients will be able have income of up to \$700 per month (an increase from the present \$500) without affecting benefits—it's a start. The staff at your local Social Security Office can update you on the changes.

Closer to home, we realized that the ASCC Long Term Attendant Care (LTAC) program may have its own disincentives. My friend **Mark Morlen** brought his own quandary, similar to Jenny's, to the attention of our Commission earlier this year and now our financial guidelines for LTAC have a sliding scale for those who go to work. Right now it only affects the 26 people on the program, but if it helps one person, it's worth it. Thanks, Mark!

Keep your eyes open, there are lots of changes going on—most seem to be good ones for a change. I like it!

Cheryl Vines

Increase in ASCC Financial Eligibility Criteria

Members of the Arkansas Spinal Cord Commission recently approved an increase in the criteria that determines financial eligibility for purchased services. The Commission has not implemented an increase since 1990 and, with the rise in cost of living, felt it was overdue.

To determine financial eligibility for ASCC services, the Case Manager uses a formalized, written standard for measuring a client's financial resources. Information about financial resources is obtained from the client or from the parents, if the client is a minor. This financial information is itemized on the ASCC "Financial Resources Information" form. The Case Manager, then, carefully evaluates the financial resources, as well as the needs and responsibilities of the client. Each year financial resources are reviewed and the "Resources Information" form updated so that appropriate purchased services may be obtained for those clients who qualify. Agency procedures require that a current annual "Financial Resources Information" form be signed by any client who is likely to need purchased services. This signed form must be in the client's file before purchasing these services.

Beginning July 1, 1999, the new financial eligibility criteria will go into effect. The maximum amount of allowable monthly income has been increased by \$150. For example, the maximum monthly income allowed for a family of one was previously \$900. This maximum monthly amount has now been increased to \$1,050, which is a \$150 a month increase. For a family of two, the previous amount has risen from \$1,050 to \$1,200, which is also an additional \$150 increase. Your Case Manager will be contacting you to review this

with you. To help the Commission in providing appropriate services to individuals who qualify, it would be very helpful for you to take responsibility for the following:

1. **Make yourself available** when your Case Manager calls to schedule a home visit and make every effort to keep your appointment. If you have something unexpected come up, let your Case Manager know so the two of you can reschedule the appointment.

2. As in the past, monthly expenses (those you pay for personally) which are related to your spinal cord disability are deducted from your monthly income when determining financial need. **Keep all receipts** or a list of items with prices and give them to your Case Manager at the time of your annual financial update. Some items that are deductible include prescriptions, attendant care, medical supplies and equipment. When in doubt, check with your Case Manager.

3. **Report all changes in income to your Case Manager**, especially if there is a decrease in your monthly income. This could enable you to receive purchased services if you did not previously qualify or could decrease the amount you must contribute toward the purchased service. It is necessary to complete a new "Financial Resources Information" form when your income changes. Your Case Manager needs to know this information.

4. **Work cooperatively with your Case Manager.** This is the primary key in obtaining quality services.

It is the Arkansas Spinal Cord Commission's mission to provide appropriate services that will help in meeting the unique and lifelong needs of Arkansans with spinal

Super Spokes '99

It's baaaaack!!!

For the seventh summer, SUPER SPOKES, a wheelchair sports and recreation program for active young wheelchair users is being conducted by Children's Medical Services and the Junior Rollin' Razorbacks, in cooperation with the Arkansas Spinal Cord Commission, Spina Bifida Association of Arkansas and the Rollin' Razorbacks. This year's Super Spokes Weekend will be held **August 7 and 8** at Garland County Community College in Hot Springs. There is no cost for the program and grants are available to help with lodging for Saturday night.



Super Spokes is a chance for young wheelchair users to learn about and try out various wheelchair sports such as basketball, cycling, tennis, road racing, weightlifting and fitness.



Instruction is provided by qualified coaches and wheelchair athletes. Over 250 Arkansas kids with spinal cord disabilities have participated since 1992. This is your chance—don't miss it!

For more information or to register, contact **Doug Garner** at **501-525-4503** (voice), FAX **501-525-4769** or e-mail **dgarner728@aol.com**

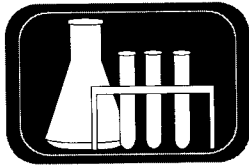
cord disabilities. The Commission believes a change in the financial eligibility criteria will enable more individuals to receive the purchased services they may not have received in the past.

Medical Breakthroughs in Spinal Cord Injury Research

By David F. Apple, Jr., MD, Medical Director of Shepherd Center, Atlanta, Georgia

Until recently, it was thought that injured spinal cords could not heal. But in the past year, researchers have discovered promising new chemical growth factors and inhibitors that have shown a measure of success in the laboratory, in animal studies, and in one case, in humans.

An important breakthrough in spinal cord injury (SCI) research came in the 1990s when scientists discovered why the spinal cord does not repair itself. Researchers were not sure if damaged nerve cells themselves were unable to regenerate or if something in their environment was preventing their growth. We now know that the answer is both.



Now, scientists hope to overcome this dual effect and kick start spinal cord axons so they not only regrow, but reconnect to neurons to restore nerve pathways that send and receive normal sensory and motor messages.

CURRENT TREATMENT

Presently, the most reliable drug for treating catastrophic SCI and the only one to date to undergo the complete scientific research process, is methylprednisolone.

A steroid, methylprednisolone is given to limit swelling in injured tissue and prevent secondary cell breakdown.

In the National Acute Spinal Cord Injury Study, researchers studied 487 patients who received a dose of methylprednisolone based on body weight within 24 hours of injury. Those receiving the steroid were more likely to improve one neurological level; for example, a C-5 neurologic level would become a C-6, and thus have improved function. There was also a minor sig-

nificant chance of better sensation.

Methylprednisolone has been the standard SCI treatment protocol for emergency medical technicians, trauma centers and emergency rooms in the U.S. since 1990. It is also used to treat shock and brain swelling after injury or stroke. To be considered effective, new drugs will have to surpass the functional success of methylprednisolone alone.

GM-1

Two human trials now underway involve monosialic ganglioside, also known as GM-1 or Sygen®. Monosialic ganglioside is a natural substance found in the central nervous system (CNS) and was first studied in connection with brain injuries. It is not known how GM-1 works, but it may reduce the damaging toxicity of amino acids released after spinal cord tissue is injured. Or, it may encourage growth in injured neurons. Neither of these theories has been proven, however.

In one multi-center study, researchers are testing the effectiveness of Sygen in acute SCI patients within three weeks of injury. The drug is given intravenously daily for 56 days. Study results should be released by summer 1999.

The second Sygen study, a multi-center pilot, involves people who have been injured more than one year. They receive Sygen daily for three weeks. A preliminary report indicates improvements in spasticity and bowel and bladder function, but no significant changes in motor or sensory function.

CM101

In October 1998, *Proceedings of the National Academy of Science* published an article about a substance labeled CM101, which is derived from a bacteria. The sub-

stance was given to a group of paralyzed mice that subsequently recovered walking ability. It is thought that CM101 blocks the formation of new blood vessels and thus prevents scar tissue formation. This substance has not been tested in humans, but that will be the next step if a funded project gets FDA approval.

IN-1

Although there are a great many inhibitory molecules in the central nervous system, researchers have developed a monoclonal antibody, IN-1, that neutralizes one of the major inhibitory molecules on myelin. Myelin is a fatty substance that coats and insulates the nerves.

In animal studies, IN-1 does produce regrowth in a portion of spinal cord axons, but they are not able to reconnect to undamaged neurons in the CNS. Scientists are exploring several ways to help regrown axons move past the damaged and scarred areas, possibly by grafting specialized glial cells that are able to migrate.

STEM CELLS

One of the most promising areas to receive attention is stem cell research. In the embryo, stem cells grow into one of 210 different kinds of tissue. As an embryo matures, stem cells are triggered by a genetic message to develop into heart muscle, kidney tissue, liver tissue, spinal cord tissue, etc.

By unlocking the code to stimulate stem cell growth, various organ "parts" could be formed, including sections of artificially grown spinal cords.

CONCLUSION

An eventual cure will most likely combine several drugs, surgical implants, spine stabilization surgery and physical rehabilitation.

Continued on page 5 - see "Medical Breakthroughs"

Arkansas Folic Acid Awareness Campaign Begins

Governor **Mike Huckabee** kicked off the Arkansas Folic Acid Awareness Campaign by proclaiming May 9-15 "Folic Acid Awareness Week." In issuing the proclamation, Huckabee said that research shows that by eating foods rich in



folates and taking a multivitamin containing **400 micrograms of the B vitamin folic acid daily**, women may be able to prevent neural tube birth

defects, such as spina bifida, in their unborn children.

The neural tube is the portion of the embryo that develops into the brain and spinal cord. Approximately 4,000 babies are born in the U.S. with neural tube defects (NTDs). Arkansas statistics show that 54 pregnancies were affected by anencephaly and spina bifida in 1996. From 1993 to 1996, there were 13.7 per 10,000 live births for Caucasians and 6.71 per 10,000 live births for African-Americans, which puts Arkansas at one of the highest rates for NTDs in the country.

Much of the general public and some health professionals are unaware of the importance of folic acid in preventing these birth defects. Research shows that if a woman begins taking folic acid before she gets pregnant, she can reduce the chances of having a baby with birth defects by as much as 70 percent.

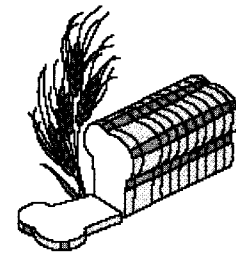
More than half of the pregnancies in the U.S. are unplanned, and most women do not know they are pregnant during the critical early weeks. Therefore, the Arkansas Folic Acid Coalition recommends that all women of childbearing age who are capable of becoming pregnant take a multivitamin with folic acid every day. While eating foods rich in folates is important, the average American diet barely meets 0.2 mg of folic acid daily.

Research also indicates that folic acid may provide a protective role in the coronary heart disease and strokes. It may also decrease the risk of developing colon and cervical cancer. Folic acid is

found in **orange juice, fortified breakfast cereals and grain products, dry beans and peas, and dark green and leafy vegetables.**

The purpose of the Arkansas Folic Acid Coalition is to educate Arkansas women of childbearing age about their need to take 400 micrograms of folic acid daily in order to prevent birth defects of the brain and spine. Coalition members represent a variety of education and

health related organizations including, the Arkansas Spinal Cord Commission, Arkansas Chapter of March of Dimes, Arkan-



sas Children's Hospital, and Arkansas Spina Bifida Association.

More information about folic acid's role in the prevention of birth defects can be found at the Coalition's web site at: www.aristotle.net/~folicacid

Medical Breakthroughs in Spinal Cord Injury Research

Continued from page 4

Although scientists may not be able to make repairs across large sections of damaged cord, we know that moderate amounts of regeneration greatly benefit those with high level injuries. The result may be renewed function of the arms and hands, but not the lower extremities.

The first human trials will focus on treatment safety, so people with complete mid to lower thoracic injuries will most likely be the first candidates. The thinking is that if additional nerve damage should occur, it would not cause a catastrophic worsening of their functioning, as it would with a high quad.

In order to measure the benefit of any experimental treatments, enhanced imaging techniques will also have to be developed. In the meantime, the best defense is to minimize damage at the time of injury and maintain the health of people with existing injuries, so they will benefit from future regeneration.

Dr. David F. Apple, Jr., Medical Director of Shepherd Center, is a board certified orthopedic surgeon and one of the world's foremost experts on spinal cord injury. He is a past president of the American Spinal Injury Association and editor of the International Journal of Paraplegia. He has been treating spinal cord patients at Shepherd Center since its inception in 1975.

Sources:

Chanaud, Dr. Cheryl, et al (2/99) Factsheet #5, What's new in spinal cord injury research, The National Spinal Cord Injury Association. Available: www.erols.com/nsCIAfactsheet05.

Fawcett, James W., (1998) Spinal cord repair: From experimental models to human application, Spinal Cord, 36, 811-817.

Maddox, Sam, (1992) The quest for cure: Restoration of function after spinal cord injury. Washington, DC: Paralyzed Veterans of America.

Wade, Nicholas, (2/99) "Blueprints for people but how to read them," New York Times. Available: www.nytimes.com/library/national/science/120898sci-cellblueprints.html.

This article was reprinted with permission from Spinal Column, Spring 1999, Volume 57, pages 18-19. Spinal Column is a quarterly magazine published by the private, not-for-profit Shepherd Center, Inc., 2020 Peachtree Road, NW, Atlanta, GA 30309-1465, phone 404-352-2020.

Wheelchair Angler Pulls Off Inspiring Performance

The weigh-in at the Mr. Bass of Arkansas Pro-Am was going just about like any other until **Charles Sample's** name was called.

Weigh-ins are by nature a little unorganized from a spectator standpoint. There's a bunch of tired and ragged fishermen standing around talking about all the fish that didn't make it to the weigh-in. Those who didn't catch fish are trying to figure out why they didn't from those who caught them. Those who caught them are trying to figure out new and improved lies to thoroughly confuse those who didn't catch them.

While all that is going on, the lucky and good anglers walk to the podium to receive their prizes or checks. Depending on who it is, a few anglers will stop their banter and listen for a few moments, then go back to confusing each other.

Sunday at the Mr. Bass tournament on DeGray Lake, the scene was pretty much the same. Ronnie Everett was announcing the winners of the amateur portion of the tournament and each was walking up to get his check. The activity barely drew notice until it came Sample's time to get his fifth-place check. Sample made his way through the crowd, not by walking but by rolling his wheelchair.

Every head turned. They weren't gawking. It was admiration. Sample, of Quitman, won one of the few coveted checks in the tournament. But like the walking, standing anglers, he did it not only with close to freezing temperatures and winds blowing 20 mph, but by sitting in the passenger seat of a boat.

Sample was paralyzed almost 30 years ago in an automobile accident. He was 23. Since then, he's had the expected ups and downs. Sunday he was an unexpected inspiration.



Charles Sample with a "keeper" at a Bass Tournament. *Photo courtesy of Curt Beamer, PVA/Sports 'n Spokes.*

"I believe there's nothing I can't do," Sample said. "Anybody can do anything they want, if they are willing to try."

Obviously, there is more effort required of Sample.

He is in his second year as an amateur on the Mr. Bass Pro-Am circuit. To make fishing somewhat easier, he has a specially made chair that fits on the back deck of a bass boat. The chair fits into the hole where a pedestal seat normally fits. Sample rides there all day.

Before you even think it, no, that's not totally safe. But it works for Sample.

"If you can drive it, I can ride in it," he said.

The only time he ever had trouble was in a tournament in Florida. Sample was riding in his chair when the boat he was in crossed a wake from a cabin cruiser. "It threw me forward, but I caught myself on the front deck," Sample said. The worst part was he spilled

a Coke all over the boat driver, he said.

Sunday, the chair wouldn't fit in Bill Fletcher's boat, so Sample stayed in the passenger seat. "It made it difficult," Fletcher said. "The wind blew so hard I would have to position the boat in the wind, so he had to cast over the console."

Still, Sample caught two keepers when more than 25 percent of the field failed to catch one. They were big enough to earn him his first check in a Mr. Bass event, but Sample is no stranger to bass tournaments. He's fished in tournaments in seven states on the Paralyzed Veterans of America (PVA) circuit. Those tournaments led to competing on the Mr. Bass circuit.

"I'm in this to win a boat," Sample said. "I want to learn as much about fishing as I can competing on Mr. Bass so I can win a boat on the PVA circuit." It's easy to get the feeling Sample's boat surely will come. He exudes a positive attitude, and he has a message for everybody, regardless of their physical condition.

"I do everything," said Sample, a Rollin' Razorback player. "I love to fish. I deer hunt. I killed an eight-point last season. I drive a Corvette. You can do anything you put your mind to, as long as you don't sit around and feel sorry for yourself."

That doesn't mean it will be easy. But, then again, everybody has their day-to-day challenges.

Reprinted with permission of writer Steve Bowman, Arkansas Democrat-Gazette, February 25, 1999, page 5C. Internet edition Arkansas Online at: www.ardemgaz.com

New Disabled Parking Laws

Continued from page 1

parking insignia (such as a physician signing a medical form that is incorrect), providing misinformation to obtain an insignia (providing inaccurate medical information to the physician or DF&A) and misusing the insignia (using someone else's insignia) are all now class A misdemeanors, punishable by a year in jail and fines up to \$1,000 per violation.

Categories of Disability - The criteria for who qualifies for a disabled parking insignia have been narrowed. Under the new legislation, to receive a parking insignia, you must meet one of the following:

- Cannot walk 100 feet without stopping to rest.
- Cannot walk without adaptive devices (i.e., braces, crutches, wheelchair, cane, prosthesis).
- Are restricted by severe heart or lung conditions.
- Use portable oxygen.

In addition, the new law requires compliance with the Americans with Disabilities Act (ADA) regarding the number of disabled parking spaces required. Finally, the Governor's Commission for People with Disabilities, led by Executive Director **Barry Vuleitch** and Chairperson **Mary Ann Sullivan** who worked closely with Representative Thomas and Senator Bisbee, will receive 30% of the revenue from disabled parking fines.

This new legislation is a great stride in decreasing the widespread misuse of disabled parking. If it is enforced, it should assure that there is disabled parking available when and where it is needed. However, violators beware—just the presence of the disabled insignia will no longer assure that you won't be cited. Only the person to whom the insignia placard or plate is assigned may use it!

Resumé Database for Disabled Available

The National Business and Disability Council has created a nationwide resumé database for college graduates with disabilities. These graduates can add their resumé to the database at no charge and apply for up to three occupations in fields such as business, health and engineering. College students can apply for temporary internships. Currently, over 100 Fortune 1000 corporations have access to the database and can contact applicants directly.

To add your resumé, call the National Business and Disability Council's resumé link at **614-923-0608** and ask for a registration form. You can also register online at: **www.businessdisability.com**

Reprinted from Labor News, Vol. 22, No. 1 / Spring 1999

Basketball Festival

The first U.S. Wheelchair Basketball Festival was held June 1-7 in Colorado Springs, CO. The festival was a six day training camp and tournament that featured 54 athletes from all over the nation, including **Steve Tew** from Arkansas. Six teams were developed to compete in this week long event with USA Paralympic coaches to evaluate the talent and to see who could play at the international level.

A championship round was played at the end of the week, featuring Northeast vs. South. Steve Tew (who played on the South team) recalls, "The first half of the game, Northeast got out to a 15 point lead. Down by 17 points in the start of the second half, South went on a run and tied the game 50-50 with only 30 seconds left in the ball game. After stopping the Northeast from scoring, South failed to score at the buzzer, so we faced overtime. But, due to a score board error, the Northeast team hadn't gotten credit for a point they'd won earlier in the game. So, Northeast won by a point, 51-50!"

Turkey Calling Time

Wallace Rowland is a Little Rock resident with a flare for hobbies. Mr. Rowland was injured in 1945 while in the Navy when he fell from the deck of a ship into one of the holds resulting in a T-7 injury. He has since managed to keep himself busy with a myriad of activities. He has owned a grocery store, been a barber, constructed fishing lures, been a leather craftsman, and now, crafts turkey callers.

These turkey callers are made from two blocks of cedar and use friction to produce the call. The call is of the female turkey "yelping." He has been selling them to local businesses for resale and hopes they catch on. Interested hunters can contact Mr. Rowland at **501-868-5173**.



McCluer Education and Resource Center Update

The McCluer Education and Resource Center on Spinal Cord Injury has added a number of new items to its collection. If you are interested in checking out any of the resources, please call the Resource Center at **501-296-1792** or **800-459-1517**. Some of the new additions include:

- **Barrier Free Lifts** is a short commercial video describing different kinds of lifts available for home use.

- **Beyond the Barriers** is a video by Mark Wellman and Eric Perlman containing footage of disabled athletes sailing, surfing, hang gliding, diving and rock climbing.

- **Accommodating Students with Disabilities: A Guide for School Teachers** by Chang, Richards and Jackson.

- **Accommodating Students with Disabilities: A Practical Guide for the Faculty** by Chang, Richards and Jackson.

- **Professional Development Resources for Arkansas Educators** by the Department of Education.

- **Developing Cross Cultural Competence** by Lynch and Hanson describes communication techniques used to cope with ethnic and cultural diversity.

- **Personal Assistant Orientation and Registry Program: Employer Orientation Manual** by the Florida Center for Independent Living is a complete guide for finding, interviewing, hiring, training and managing personal care workers in your home.

- **Neurogenic Bowel Management in Adults with Spinal Cord Injury** by the Consortium for Spinal Cord Medicine.

ASCC Fact Sheets currently available are:

1. Heterotopic Ossification in SCI
2. Preventing Pressure Sores in SCI
3. Heat Tolerance In Quadriplegics
4. Common Urological Problems: Leakage around a Catheter
5. Common Urological Problems: Frequent Catheter Changes
6. Foley Catheter Care: Urethral or Suprapubic

7. Attendant Care Services
8. Female Sexuality and SCI
9. Male Sexuality and SCI
10. Bowel Management in SCI
11. Guillain-Barré Syndrome
12. Predicting Outcome (Prognosis) in SCI
13. Amyotrophic Lateral Sclerosis
14. Ankylosing Spondylitis
15. Arachnoiditis
16. Arnold-Chiari Syndrome
17. Friedreich's Ataxia
18. Klippel-Feil Syndrome
19. Multiple Sclerosis
20. Post-Polio Syndrome
21. Selecting a Rehabilitation Center for SCI
22. Management of Urinary Tract Infections in SCI
23. ASCC Wheelchair Purchasing Guidelines
24. Disabled Parking License Plates and Placards
25. Autonomic Dysreflexia
26. Syringomyelia
27. Vibrator Technique for Ejaculation: One Person's Experience
28. Managed Care and HMO's
29. History of the ASCC

Permit # 3168
Little Rock, AR
PAID
US POSTAGE
BULK RATE

Printed on recycled paper

SPINAL COURIER
Arkansas Spinal Cord Commission
1501 North University, Suite 470
Little Rock, AR 72207
Address Service Requested